

Adult Social Care

Right Help, Right Time to Promote Independence

DCB1605 Accessible Information Policy

DCB1605 Accessible Information Policy Governance

Title	DCB1605 Accessible Information
Purpose/scope	To ensure that we meet the DCB1605 Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
Subject key words	<ul style="list-style-type: none"> • Accessible Information and communication • The Standards: <ul style="list-style-type: none"> ○ Identification of needs ○ Recording of needs ○ Flagging of needs ○ Sharing of needs ○ Meeting of needs
Council Priority	<ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities
Lead author & contact details	Service Delivery Manager Service Improvement & Efficiency
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1. POLICY STATEMENT

The Equality Act became law in October 2010. It replaced and aimed to improve and strengthen, previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act covers all of the groups that were protected by previous equality legislation, known as Protected Characteristics, one of which is disability.

The Act places a legal duty on all service providers to take steps or make reasonable adjustments in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. The duty is anticipatory, where reasonable, steps should be taken to meet needs as they occur.

In addition the Care Act 2014 details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that information and advice provided must be accessible to and proportionate to the needs of those for whom it is being provided.

Local Authorities are also under a duty to work with their local Clinical Commissioning Groups and other partners through the Health and Wellbeing Board to undertake the Joint Strategic Needs Assessments and have specific regard to 'what health and social care information the community needs' including how they access it and what support they may need to understand it as detailed in the Health and Social Care Act 2012.

2. PURPOSE OF THE POLICY

The purpose of this policy is to ensure that we meet the DCB1605 Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

3. POLICY INFORMATION

The Standard applies to service providers across the NHS and Adult Social Care systems. Commissioners of NHS and publicly funded Adult Social Care must also have regard to this Standard, ensuring that all contracts, frameworks and performance management arrangements with provider bodies enable and promote the Standard requirements.

3.1 Service-Specific Information

The introduction of the DCB1605 Accessible Information Standard will lead to improved outcomes and experiences and the provision of safe and more personalised care and services to those individuals who come within the Standard's scope

3.2 The Standard

The Standard has five stages that lead to the achievement of five clear outcomes:

- **Identification of needs:** a consistent approach to the identification of patients, service users, carers and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.
- **Recording of needs**
 - a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs where they relate to a disability, impairment or sensory loss, as part of patient/service user records and clinical management/patient administration systems;
 - b. Recording of needs in such a way that they are 'highly visible'
- **Flagging of needs** – establishment and use of electronic flags, alerts or paper based equivalents, to indicate that an individual has a recorded information and/or communication need, and to prompt staff to take appropriate action and/or trigger auto-generation of information in an accessible format, or to take other actions such that those needs can be met
- **Sharing of needs** – inclusion of recorded data about individuals' information and/or communication support needs as part of existing data sharing processes and as a routine part of referral, discharge and handover processes
- **Meeting of needs** – taking steps to ensure that the individual receives information in an accessible format and any communication support which they need

3.3 In Scope

The scope of the DCB1605 Accessible Information Standard encompasses activities, which relate to:

- Patients or service users of all publicly funded Health and Adult Social Care or their parents or carers, including (but not limited to) those that are received as an inpatient or out patient as part of urgent or emergency care, routine or elective care, acute care, day care and long term and residential care
- Information or communication support needs or requirements which are caused by or related to a disability, impairment or sensory loss. It will also support people who have other communication disabilities such as aphasia, autism or a mental health condition which affects their ability to communicate.
- An individual's needs or requirement for information or correspondence in an alternative (non standard print) format including print alternatives such as Braille, and electronic and audio formats
- An individual's need or requirement for communication support
- An individual's need or requirement for a longer appointment to enable effective communication/the accessible provision of information
- An individual's use of communication tools or aids
- An individual's need or requirement for support from an advocate to support them in communicating effectively
- An individual's use of alternative or augmentative communication tools or techniques
- The detail or specific type of alternative format or communication support which is needed or required by the patient, service user, carer or parent

- All information provided to individuals with particular information or communication support needs including personal or direct communication (i.e. appointment letters or prescriptions) and generic/indirect communication (i.e. leaflets or manuals)

This includes needs for:

- information in non standard method
- arrangement of support from a communication professional (i.e. deaf/blind manual interpreter or British Sign Language interpreter)
- support to communicate in a different or particular way/to use communication aids (i.e. lip read or use hearing aid)

3.4 – Not in Scope

The following aspects, which may be considered relevant to improving the accessibility of Health and Social Care, are explicitly out of scope for this standard:

- The need or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user))
- Recording of demographic data/protected characteristic strand affiliation.
- Recording of information or communication requirements for statistical analysis or central reporting
- Expected standards of general Health or Social Care communication/information (i.e. that provided to individuals without additional information or communication support needs)
- Individuals' preferences for being communicated with a particular way which do not relate to disability, impairment or sensory loss and as such would not be considered a 'need' or 'requirement' (i.e. a preference for communication via email but has an ability to read and understand a standard print letter)
- Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss (i.e. due to low literacy or a learning difficulty such as dyslexia.
- Expected standards including the level of accessibility of Health and Social Care websites
- Corporate communications produced/published by organisations which do not relate to direct patient/service user care or services and do not directly affect individuals health and wellbeing
- Implementation of the Equality Act 2010 is more widely i.e. those sections that do not relate to the provision of information or communication support. The exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (i.e. ramps or accommodation of an assistance dog)
- Foreign language needs/provision of information in foreign languages i.e. people who require information in a non-English language for reasons other than disability
- Matters of consent and capacity including support for decision-making, which are not related to information or communication support
- Standards for and design of signage.

3.5 The DCB1605 Accessible Information Standard – quick prompt

The five basic steps, which make up the DCB1605 Accessible Standard are:

1. **Ask**; identify/find out if an individual has any communication/information needs relating to a disability or sensory loss and if so what they are
2. **Record**; record those needs in a clear, unambiguous and standardised way in electronic and/or paper based record/administrative systems/documents
3. **Alert/flag/highlight**; ensure that recorded needs are highly visible whenever the individuals record is accessed and prompt for action
4. **Share**; include information about individuals information/communication needs as part of existing data sharing processes (and in line with existing information governance framework)
5. **Act**; take steps to ensure that individuals receive information which they can access and understand and receive communication support of they need it

4. PROCEDURE STATEMENT

By improving the accessibility of the information and documents we will in turn reduce the need to produce/provide alternative formats and to improve staff member's communication skills generally.

Communication and/or information needs **MUST** be identified at registration/upon first contact with the service or as soon, as is practicable thereafter. This initial question may be asked over the telephone, face to face at a reception desk, as part of a registration or admission form or through an alternative process.

In addition, communication and/or information needs **MUST** be identified proactively and opportunistically – the next time an existing patient/service user makes contact with/is seen by the service but not retrospectively. There is no requirement for a retrospective search or trawl of records to identify patients with needs, although this would be considered good practice.

Following identification of the existence of a communication or information need, the specific nature of the support and/or format required **MUST** be identified.

5 PROCEDURE DETAILS

5.1 Clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder
- Identify yourself clearly. Say who you are and what you do, it may be more relevant to explain your reason for seeing the person rather than your job title
- Check that you are in the best position to communication, usually this will be facing the person but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible
- Find a suitable place to talk, with good lighting away from noise and distractions making sure that you do not have strong light behind you.
- Speak clearly and a little slower than you would do usually but do not shout
- Keep your face and lips visible; do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss with their manager

- Use gestures and facial expressions to support what you are saying
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases
- Use plain, direct language and avoid using abstract figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference
- Try different ways of getting your point across, i.e. writing things down, drawing or using symbols or objects to support your point.

5.2 Printed Communication

- Use plain English at all times. Council language can be confusing and complex
- Use a minimum font size of 12 point, preferably 14 (which is readable by a significantly greater number of people)
- Use a clear, uncluttered and sans serif font such as Arial
- Avoid the use of italics and underlining
- Align text to the left margin and avoid 'justifying' text
- Ensure plenty of 'white space' on documents especially between sections. Avoid 'squashing' text onto one page and if possible include a double space between paragraphs
- Print on matt and not gloss paper
- Use page numbers it helps people keep track
- If printing double sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side
- Correctly format Word documents and PDFs using styles and accessibility functions/checks. Ensure a correct and consistent heading structure and that the cursor can move throughout all text
- Use descriptions (alternative text) to explain diagrams or photographs
- Consider making all 'standard' printed letters/documents easier to read by using plain English, highlighting important information, and supporting text with diagrams, images or photographs
- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format when required

5.3 Suggested questions to consider when identifying if an individual has any information and/or communication needs, and the nature of these needs include:

- Do you have any communication needs?
- Do you have a format other than standard print?
- Do you have any special communication requirements?
- How do you prefer to be contacted?
- What is your preferred method of communication?
- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What communication support should we provide?
- What is the best way to send you information?

Specific questions from the Mental Health and Learning Disabilities Data Set (MHLDDS) Guidance which **MAY** be relevant to use as prompts or follow up questions when communicating with particular individuals and/or in particular care settings include:

- Do you have difficulty hearing or need hearing aids or need to lip-read what people say?
- Do you have difficulty with memory or ability to concentrate, learn or understand?
- Do you have difficulty speaking or using language to communicate or make your needs known?

5.4 Corporate Support Toolkit

The Council has a clear social and legal responsibility to ensure that the information that we provide is accessible dependent on the needs of the individual, known as reasonable adjustment. Reasonable adjustment means that the requests meets the needs of the individual but does not place excessive demands on the Council for example financially or resource draining.

The [Communication Support Toolkit](#) is available on the intranet

- Guidance is available within the corporate intranet system providing advice on how to make best use of the option and how to access it – [Communication Support Toolkit](#)
- You should make use of the tools that you feel are appropriate to the needs of the individual.
- You are not obliged to supply the support that is requested, if you believe it is not reasonable.
- Explain clearly to the service user why you think this is the case and If you believe an alternative offer meets the individuals need, or is better, then you can use this. The [Communication Support Toolkit](#) provides more information.

5.5 Training

NHS England has developed in association with Health Education England; The Accessible Information Standard; Introduction and The Accessible Information Standard; towards Excellence. Disability Matters have produced an e-Learning tool to help staff understand the information and communication needs of people with learning disabilities. Locally we have adapted the NHS England's e-Learning tools and made these available to all staff to complete the modules via the Councils e-Learning system called OLLIE.

5.6 Data Management and Quality

The Accessible Information Standard is not establishing any new data set or national collection. However, it is specifying recording practices and standards about individuals' information and communication support needs.

The four subsets are:

- **Accessible information – communication support** – This category relates to the need for service users to provide accessible methods or mechanisms which individuals with information and/or communication needs are able to use to contact the service and which the service uses to contact them. This may include email, text message, telephone or next generation text service (NGTS).
- **Accessible information – requires communication professional** – This category relates to a need to send correspondence or provide information to an individual in an alternative (non-standard print or non-print) format and will be of particular relevance where auto-generation systems are used and /or standard or generic letter formats.
- **Accessible information – requires specific contact method** – This category includes where a need for support from a communication professional are identified, services **MUST** ensure that such support is arranged/provided and that interpreters and other communication professional are suitably skilled, experienced and qualified. This **SHOULD** include verification of accreditation and registration with a relevant professional body. This includes; appropriate qualifications, Disclosure and Barring Service (DBS) clearance and signed up to a relevant professional code of conduct.
- **Accessible information – requires specific information format** – This category relates to the provision of support to enable effective communication/conversation, i.e. by the provision or use of aids or equipment or by Health or Social Care staff making adjustments to their behaviour. It is recognised that staff may need training or other awareness raising in order to effectively provide some of the types of support/adjustments indicated.

6. POLICY IMPLICATIONS

6.1 Legal Implications –To ensure that the relevant existing legal duties are followed including those set out in the following Acts, associated Statutory Codes of Practice, and guidance around the handling and processing of data:

- Data Protection Act 1998,
- Mental Capacity Act 2005
- Equality Act 2010
- The Care Act 2014
- Health and Social Care Act 2012

The following link also provides these documents for more detailed information:

- Accessible Information Specification v1.1
- Accessible Information Implementation Guidance v1.1
- Accessible Information Implementation Plan
- <https://www.england.nhs.uk/ourwork/accessibleinfo/>

6.2 Other Impacts

Equality is integral to this policy, and it directly supports the aims of the General Equality Duty by;

- Eliminating discrimination in the delivery of our services for people with specific communication needs related to disability by providing clear guidance on the use and delivery of communication services for those that require it.
- Advance opportunity by providing a mechanism for informing professionals of service users communication needs prior to meeting, ensuring that they are able to engage and participate to their full capacity as someone who did not have this communication support need would be able to.
- Fostering good relations between people who share protected characteristics, for example hearing impairment and those who do not share that protected characteristic by breaking down barriers to communication between different people.

The policy also supports the human right principles of Fairness, Respect, Equality, Dignity and Autonomy (FREDA). ‘

7 CROSS REFERENCE INFORMATION

7.1 Standards: The DCB1605 Accessible Information Standard is a new information standard and will not lead to any superseding or retirement information standards. However, a number of existing information standards are recognised to be a particular relevance to the Accessible Information Standard as follows:

- SCCI1596: Secure Email
- SCCI0011: Mental Health Services Data Set

The following information standards should also be referred to by organisations to ensure safe and effective implementation of the Standard:

- SCCI0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems
- SCCI0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems
- Information Governance Standards Framework (ISB 1512)
- SCCI0034: SNOMED CT

7.2 Systems Implications

Systems refers to the service user's electronic record. The requirements to comply with the Standard are:

- The service user record **MUST** be up-to-date, changed or replaced to those systems so that they conform to the Standard (by 31.07.2016)
- Systems used for the recording of individuals information and communication needs **SHOULD** be designed and built with consideration for the clinical safety risks identified in the Clinical Safety Case publication
- Systems used for the recording of individuals information and communication needs **MAY** allow the service user (or their carer or parent) to access their own record electronically and to have editing rights for specific fields relating to information and communication
- Systems **MUST** enable recording of all of the data items or categories associated with the subsets defined by the Accessible Information Standard in their specified format. Systems **MAY** hold more information than is required by the Accessible Information Standard
- Systems **SHOULD** alert users in line with other review reminders when none of the data items/categories in any one of the subsets associated with the Standard has been selected
- Systems **SHOULD** support edit checking/quality assurance of data recorded about individual's information and communication needs. This **MAY** include generating an alert or preventing users from populating mutually incompatible data fields (in line with best practice)
- The system **MUST** allow for changes to the data items associated with the Standard over time, including following release of new or amended SNOMED CT, Readv2, CTV3 codes (where used by relevant systems) and enabling any locally defined additional information to be captured
- Systems **MUST** include functionality to notify staff involved or to be involved in the near future, in the administration or care of service users of their communication and information needs (and where appropriate the needs of service users carers or parents)
- The system **MUST** automatically identify a recorded need or information or correspondence in an alternative format and/or communication support and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed
- Where systems automatically generate correspondence, the system **MUST** automatically identify a recorded need for information or correspondence in an alternative format and in response:
 - Automatically generate correspondence or information in an alternative format preferred OR

- Enable staff to manually generate correspondence in an alternative format (upon receipt of an alert) OR
- Not produce the standard printed output for sending to the individual
- The system **MUST** enable records made about individuals information and communication support needs to be revised/amended
- The system **SHOULD** prompt for a review of data recorded about individuals information and communication needs alongside and concurrent with review of data held in other demographic fields

7.3 Other Relevant Documents

Other related Standards include:

- Access all Areas? (Action on Hearing Loss, 2013)
- Action Plan on Hearing Loss (NHS England, 2015)
- Equality Delivery System 2 (NHS England, 2013)
- Final Report of the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD)) (University of Bristol CIPOLD Team, 2013)
- NHS Five Year Forward View (NHS England, 2014)
- Patients First and Foremost; The Initial Government Response to the Report of Mid Staffordshire NHS Foundation Trust Public Inquiry (Department of Health, 2013)
- 'Sick of It' (SignHealth, 2014)
- The Care Act 2014
- The Equality Act 2010
- The NHS Constitution (Department of Health, 2015)
- The Power of Information (Department of Health, 2012)
- Transforming care; A national response to Winterbourne View Hospital, Department of Health Review; Final Report (Department of Health, 2012)
- Valuing People: A New Strategy for Learning Disability for the 21st Century (Department of Health, 2001)
- Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities (Department of Health, 2009)
- Your Rights to Equality from Healthcare and Social Care Services (Equality Act 2010 Guidance for service users, Volume 4&7 (Equality and Human Rights Commission, 2014)

7.4 Linked Policies

- Records Management Policy
- Information Security Policy

High Level Accessible Information Standards Process Map

Service Improvement & Efficiency Team

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